MEMBER'S REPORT ON CARRIER PERFORMANCE - MOBILE HOME				
SECTION I - TO BE COMPLETED BY DESTINATION ITO				
1. DATE (YYYYMMDD) 2. REQUIRED DELIVERY DATE (YYYYMMDD)		3. GOVERNMENT BILL OF LADING NUMBER		
4a. NAME OF MEMBER (Last, First, Middle Initial) b. GRADE		5. NAME OF CARRIER		
6. ORIGIN INSTALLATION 8. DESTINATION INSTALLATION		7. PICKUP ADDRESS (Street, Apartment No., City, State, ZIP Code) (X if:) TRAILER COURT STORAGE FACILITY		
SECTION III - TO BE COMPLETED BY MEMBER				
Complete every item applicable by placing an "X" in the column under "YES" or "NO". All items marked "NO" will be considered as carrier				
deficiencies and the performance of the carrier will be evaluated for this shipment based on items listed below. A "NO" answ explained or your response CANNOT BE USED TO RATE THE CARRIER.				
			YES NO	
9. Did the carrier pick up the mobile home on the agreed date?				
10. Did the carrier provide all the required services? 11. Was the mobile home offered for delivery on or before the required delivery date?				
12. Was the mobile home and its contents delivered without loss or damage? If "NO", what is the estimated value of the loss and/or damage? \$				
13. Was the carrier cooperative in checking the condition of your mobile home upon delivery?				
14. Did the carrier provide you a completed mobile home inspection record at origin?				
15. Did you consider the carrier personnel:				
a. Courteous				
b. Cooperative				
c. Neat in appearance				
16. Were you satisfied with the carrier's services on this movement of your mobile home at:				
a. Origin b. Destination				
17. Were the Transportation Office personnel courteous and helpful to you?				
18. COMMENTS (Briefly explain all "NO" answers.)	is and neiptul to	you?		
19. SIGNATURE OF MEMBER 20. DA			TE (YYYYMMDD)	
SECTION III - TO BE COMPLETED BY DESTINATION ITO				
NO RESPONSE RECEIVED FROM MEMBER		22. NAME OF DESTINATION ITO (Last, First, Middle (Type or print)	Initial)	
23. SIGNATURE 24.			TE (YYYYMMDD)	